

Working in partnership with  
the citizens of Henrico County  
to create the conditions for  
health

## Public Health Bytes

October 20, 2005

Henrico Health Department  
Mark J. Levine, MD, MPH  
District Health Director  
804-501-4522  
[mark.levine@vdh.virginia.gov](mailto:mark.levine@vdh.virginia.gov)

On the web at: [www.publichealthbytes.org](http://www.publichealthbytes.org)

**Communicable Diseases Update:** *Influenza Update:* We are aware that the media frenzy surrounding avian flu is stimulating many calls from your patients. A large percentage of the requests have focused on stockpiling anti-flu medications, such as oseltamivir (Tamiflu®). The Virginia Department of Health (VDH) has issued guidance for health care providers when dealing with such requests. Please read this document on our website, [www.publichealthbytes.org](http://www.publichealthbytes.org) under "Current Public Health Topics – Guidance for dealing with Tamiflu® requests." Information on vaccine supply and distribution can be found at the FDA website <http://www.fda.gov/cber/flu/flu2005.htm>. *Commencement of Sentinel Influenza Surveillance:* Active influenza surveillance started in Virginia on 10/3. Thus far, no cases of influenza-like illness have been reported by our participating sentinel provider (in the VDH surveillance program). VDH has reported several influenza rapid test positive results throughout Virginia to date (both influenza type A and B). Nationally, influenza activity is very low with only sporadic activity in a few states to date.

**Foodborne illness prevention:** Prevention of foodborne illness requires a collaborative approach from the public, food service workers, the local health department and health care providers. In an effort to clarify the process, we are providing information about the Virginia food regulations as it relates to disease reporting and restricting food service workers from the workplace. Given that food handlers experiencing certain symptoms or illnesses pose a higher risk of transmitting foodborne illness to persons consuming the food, the Va. Food Regulations require that the person in charge of a food service do the following:

- **Report:** Food handlers must **report** certain symptoms or diagnosed illnesses to the person in charge
- **Restrict :** Person in charge must **restrict** ill food workers from food handling or exclude them from the facility
- **Release:** **Release** them from restrictions or exclusion when the symptom or illness is over

In many cases, the health care provider is involved in the process and would be well served to better understand the legal requirements for exclusion and release. A table summarizing Virginia Food Regulations follows:

<b>Report</b> - Train your food handlers to report to you:	<b>Restrict</b> - Act to restrict or exclude them from food handling.	<b>Release</b> - release the restriction or exclusion from food handling.
When they experience the following symptoms: <ul style="list-style-type: none"><li>• Diarrhea</li><li>• Fever</li><li>• Vomiting</li><li>• Jaundice</li><li>• Sore throat with fever</li><li>• Discharges from eyes, nose or mouth</li></ul>	<ul style="list-style-type: none"><li>➤ <b>Restrict</b> the food handler.</li><li>➤ They may not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service articles.</li></ul>	<ul style="list-style-type: none"><li>➤ <b>Remove</b> the restriction when:</li><li>➤ They are free of the symptom that caused the restriction and no foodborne illnesses have occurred.</li><li>➤ They present a written medical release stating that their condition is noninfectious.</li></ul>
When they, or a family member, are diagnosed with the following diseases: <ul style="list-style-type: none"><li>• Typhoid Fever/Salmonellosis</li><li>• Shigellosis</li><li>• E. coli O157:H7</li><li>• Hepatitis A</li></ul>	<ul style="list-style-type: none"><li>➤ <b>Exclude</b> the food handler.</li><li>➤ They may not be present in the food facility.</li><li>➤ Report it to the health department.</li></ul>	<ul style="list-style-type: none"><li>➤ <b>Remove</b> the exclusion when:</li><li>➤ They present a written medical release stating that their condition is no longer infectious.</li></ul>

**Emergency Preparedness Update:** Air sampling monitors placed around the vicinity of the National Capital Mall detected traces of *Francisella tularensis* bacteria, the causative organism of Tularemia (or "rabbit fever"), during a 24 hour period from 24-25 Sept 2005. However, no human or animal cases of this disease were detected. *F. tularensis* is a naturally occurring zoonotic disease, but also has potential for use as a bioterrorism agent. For more information on tularemia, please see: <http://www.bt.cdc.gov/agent/tularemia/tularemia-biological-weapon-abstract.asp#2>. An effective response to a BioWatch alarm requires careful coordination between public health and private healthcare entities.

**You are All Invited - VDH Field Epidemiology Seminar:** On November 15, VDH will hold its annual field epidemiology seminar at the Doubletree Hotel in Charlottesville (registration begins at 7:30am and closing remarks are at 4:40pm). The event is open to health care providers. The day is comprised of interesting presentations from VDH staff regarding various outbreak investigations and public health projects in Virginia. There is no registration fee (lunch is provided), but pre-registration is required. Those planning to attend need to register at the TRAINVirginia website at <https://va.train.org>. First time visitors to the website will need to register to receive a user name and password. Once logged onto the site, select the seminar under the section titled "Upcoming Events" and register. You will receive a confirmation email after registration. The registration deadline is November 12 (and registration will be limited to the first 300 participants). For any additional questions, call Seth Levine at (804) 501-5216.

**Prevention updates:** **Vaccine updates:** 1) **Hep A vaccination:** VAQTA® is now indicated for active immunization of persons aged ≥12 months to protect against disease caused by hepatitis A virus. The primary vaccination schedule is unchanged and consists of 2 doses, administered on a 0, 6--18 month schedule. This change only applies to VAQTA® and not other Hep A vaccines. 2) **Guillain-Barré Syndrome (GBS) and meningococcal vaccine:** The Centers for Disease Control and Prevention (CDC) recently reported Guillain-Barré Syndrome (GBS) among several recipients of Menactra® Meningococcal conjugate vaccine (MCV4) from June 10-July 25. Five Vaccine Adverse Event Reporting System (VAERS) reports were received by CDC in individuals (aged 17-18) who received the vaccine. Symptom onset ranged from 14-31 days after MCV4 vaccination. At this time, CDC states that the evidence is insufficient to conclude that the MCV4 vaccine causes GBS. It is therefore recommended to continue following the current vaccination strategies for those considered at high risk of developing meningococcal disease. Providers aware of possible cases of GBS occurring after vaccination with MCV4 should report to VAERS (online at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by phone at 800-822-7967). Additional information can be found online at [www.cdc.gov/mmwr/preview/mmwrhtml/mm54d1006a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm54d1006a1.htm).

Prepared by Mike Campbell, Seth Levine, MPH, Mike Magner, MPH, Mark J. Levine, MD MPH